

729183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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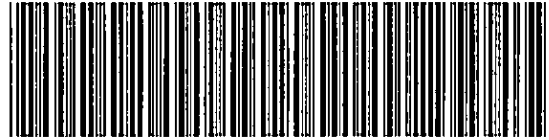
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TOLSON BUILDING  
MONTGOMERY, ALABAMA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Spreading Oak Village Inc  
Name of Corporation

**DOCUMENT NUMBER:** 729183

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Carey Kozak  
Name of Contact Person  
Specialty Management of Central Florida  
Firm/Company  
1000 Pine Hollow Point  
Address  
Altamonte Springs FL 32714  
City/State and Zip Code  
ckozak@greatercommunities.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carey Kozak at (407) 647-2622  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

SECRETARY OF STATE  
CORPORATION SECTION

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Spreading Oak Village Inc

2. The principal office address: 1000 Pine Hollow Point Altamonte Springs FL 32714

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 03/26/1974 Document number: 729183

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Sentry Management Inc  
2180 West SR 434 Suite 5000  
Longwood FL 32779

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Specialty Management of Central Florida  
1000 Pine Hollow Point  
Altamonte Springs FL 32714  
P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

*Sherri Barwick*  
 Signature of an officer or director

Sherri Barwick, President  
 Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. If this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

*[Signature]*  
 Signature of Registered Agent

12/22/22  
 Date

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 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

If signing on behalf of an entity:

Brett M. Jordan  
 Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*